

Meeting Minutes

Utah Healthcare Infection Prevention Governance Committee

Date: 12/20/2022

Attendees:

Alessandro Rossi, Alessia Banning, Amy Glidden, Angela Weil, April Clements, Arlen Jarrett, Ashley Miller, Ashley Young, Caroline Taylor, Cherie Frame, Courtney Brigance, Devin Beard, Elena S, Emily Spivak, Giulia De Vettori, Hailey Schuckel, Jacob Anderson, Jeanmarie Mayer, Jeffery Rogers, Joshua Mongillo, Kris Dascomb, Leisha Nolen, Linda Rider, Lisa Evans, Louise Saw, Mark Fisher, Matt Hansen, Meghan Villalobos, Nathan Selin, Becky Ess, Rhonda Hensley, Sandra Forsyth, Sara Phillips, Sarah Rigby, Tara Ford, Tariq Mosleh

208-***-***10

385-***-***19

435-***-***59

Agenda Topics:

Technical Information

3:00–3:05 Venue for in-person meetings (Becky Ess)

3:05–3:10 New Chair (Becky Ess)

3:10–3:15 Subcommittees (Dr. Mayer)

Meeting Content

3:15–3:25 UHIP Mission and Vision (Dr. Mayer)

3:25–3:40 Bylaws, confidentiality, accountability, and reportable rules (Becky Ess)

Situational Awareness

3:40–3:50 MDROs, Emerging Infections, Education, Hot Topics (Becky Ess/Josh Mongillo)

Convene

Discussion:

Technical Information

- Please share your name and organization in the chat, as a way of introduction
- We are getting started with this meeting after a long break due to COVID-19. As we are starting up again, we need to choose a venue to allow for in-person meetings, if we choose to do so.
 - The idea is to alternate between in-person and virtual meetings, or allow for a combination of both
 - We understand that we are now in a virtual world and want to accommodate that. Historically, we have gotten better interactions from in-person meetings.
- Venue for in-person meetings
 - Currently, ideas have been proposed for a building up at the University of Utah, or the Intermountain buildings. Other settings were discussed

- Dr. Dascomb asked to confirm the dates for future meetings, to book the venues in advance. The meeting is held on the third Thursday, every three months. Then next meeting will be in March.
 - Dr. Jarrett asked if the Capitol building would be available, as it was in the past. Becky never experienced this meeting at the Capitol, but as it is currently under construction, scheduling would be difficult. Additionally, the technology (projecting) is not the most reliable.
 - New Chair
 - Dr. Mayer has served as chair throughout the pandemic, and the time has come for replacement.
 - Email rebekahess@utah.gov if you would like to be a voting member
 - Membership composition
 - We are looking to fill a few additional positions, such as pediatric doctor. Please think of additional individuals that could contribute to these meetings.
 - Voting on positions in March meeting
 - Subcommittees
 - The plan is to create three subcommittees that will report to this larger group. We see a lot of the work occurring in these subcommittees.
 - Antimicrobial Stewardship:
 - Tariq Mosleh, DHHS, is a pharmacist on the HAI team. He would be the lead for this committee
 - Initial focus on assessing Antimicrobial Stewardship Programs in Long-term Care Facilities
 - Learn about projects from HC settings
 - MDRO Surveillance, Control, and Education
 - This is probably the biggest committee. It would entail:
 - NHSN reporting
 - Discussing PPE & Precautions in ACH/LTCF
 - Communication & education: exploring what is in place and sharing education to understand MDROs.
 - MDRO registry, which is currently in development.
 - We are anticipating there will be a great need for this subcommittee, given the Candida auris outbreaks in neighboring states.
 - Dr. Mayer is thinking we could slot this meeting in monthly after the standing lab meeting.
 - We do not currently have a lead for this group.
 - Laboratory:
 - Dr. Rossi was assigned as the lead for this subcommittee while on the call.
 - This subcommittee would focus on:
 - Wastewater surveillance
 - Standardizing lab methods across the state

- Dr. Rossi said that Jim Vanderslice at the University of Utah should be included in this subcommittee, specifically for wastewater.

Meeting Content

- UHIP Mission and Vision
 - Dr. Mayer shared the following definitions with the group, asking for feedback.
 - Purpose: Provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah.
 - Mission: Protect the residents of Utah by reducing and preventing the occurrence of healthcare associated infections and multidrug resistant organisms.
 - Vision: Create healthy environments by optimizing communication, surveillance, and infection prevention practices to eliminate the spread of resistant organisms and prevent healthcare associated infections. Utah strives to do away with inappropriate antimicrobial use in healthcare settings.
 - Becky shared polls within the meeting to gauge approval of these statements.
 - Are there any questions or points that people would like to discuss?
 - Dr. Dascomb suggested adding transmission to the Mission statement, as it can be as significant an issue as HAI occurrence.
 - Dr. Mayer suggested changing terminology in the vision to be less absolute, such as reduce rather than eliminate. Becky explained that absolute language was chosen because this is an overall vision. In an ideal world, HAIs would be eliminated, not simply reduced.
 - Dr. Fisher suggested replacing wording in the mission statement: “reducing and preventing” with “minimizing”.
 - Dr. Mayer said that reducing and preventing are words commonly seen in mission or vision statements.
 - Dr. Dascomb also asked about the term “healthy environments” in the vision statement, asking if this is looking beyond healthcare settings. Becky said that this refers generally to the healthcare environment. However, wastewater surveillance also allows for observation of the environment outside of healthcare.
 - Cherie Frame suggested incorporating the word community into the vision statement, rather than environment.
 - For sake of time, we will take further suggestions in the chat and continue to workshop the vision statement
- Starting up after COVID, there are some things that were never done. We need to establish these things now:
 - Bylaws
 - These are being prepared, more information to come
 - Once they are established, we will bring them to this committee for approval.
 - Confidentiality
 - Data suppression rules and identifying
 - When we have counts less than 5, we report them as <5
 - Embargoed information/confidentiality in the group
 - Confidentiality within this group is required.

- We expect any case examples shared within this group to remain amongst this group.
 - Confidentiality clause: this will be written in
- Accountability
 - Measurement of accountability
 - Tracking National Healthcare Safety Network (NHSN) rates, whether they are increasing/decreasing
 - If you have any additional ideas to measure accountability, contact Becky Ess.
- Participation efforts for success
 - Part of this is understanding how much representation from groups in this meeting. We would like this to be as broad as possible, especially if we are looking at creating legislation.
 - Ensure that legislation benefits/does not harm your group.
 - We also want to know how many facilities are using any MDRO transfer form
 - This has become an important topic recently. There are plans to add Candida auris to the existing form.
 - There are also ways to communicate this information outside of the transfer form, which is fine as long as the information is transmitted.
 - Ways to improve the existing form, as well as alternate communication methods could potentially be a topic for the MDRO subcommittee to explore.
 - Dr. Dascomb mentioned a key topic to explore will be what prevents facilities from using the transfer form. These barriers will give us a starting place.
 - Or even if the form is used once it is completed. These will all be good discussion topics for the MDRO subcommittee.
 - Cherie frame mentioned that this form goes beyond infection prevention. We have to have buy-in from stakeholders, since the responsibility of form completion and use falls to others. We have to explain the 'why' before we will see an increase in use.
 - We should review the existing form and look at ways that we can improve. There will be more conversations to come.
- Reportable rules
 - There are gaps in our reportable rules, and other topics that need to be pushed through legislation
 - For example, exploring items could be clarified or written better

Situational Awareness

- Josh Mongillo, DHHS provided a situational updated on MDROs
 - VIM/CRPA
 - It is uncommon to see cases for VIM CRPA, so any cases draw our attention.
 - Less than 5 cases in a Utah LTCF, 41 cases in 10 nearby jurisdictions.
 - The majority of the cases (20+) are in one state (not Utah).
 - There are no epi links between these cases, the CDC is involved and concerned. Many of the cases are in eyecare clinics; possibly artificial tears are the cause. No recalls have been issued yet.

- LHD and DHHS are working closely with the facility and CDC.
 - CRPAs are pretty nasty, mostly pan-non susceptible.
 - The highest peak of these cases were between July and Sept. However, there have been cases outside of this range, the most recent in November. This is concerning because it means we may not be capturing all of the cases.
 - Josh suggested that Becky can include the submission in the notes.
- C. auris
 - We did have our first case of C. auris in Utah, however this index case has passed away. We no longer have an active case.
 - This individual was a transfer from Nevada and tested positive before transfer.
 - Dr. Mayer asked if this will still count as a case for Utah, since the positive was identified in Nevada. Josh is unsure, he has reached out to the CDC.
 - Linda Rider said the patient also tested positive while in Utah.
 - Screening is being conducted to occur if any spread has occurred.
 - It is still important to conduct admission screening on any patients coming from Nevada.
 - Ashley Miller asked if we are only worried about Nevada? There are 8 states of concern, several of which are around us. A full map of states with C. auris outbreaks can be found [here](#).
 - Nevada was specially mentioned because we see high numbers of transfers from there.
 - Dr. Mayer asked to clarify where in Nevada the cases are prevalent. She has previously heard that it was centered around southern Nevada.
 - We can check with our contacts at the Nevada department of health to see if it is localized to Las Vegas.
 - Mark Fisher shared that ARUP is in the beginning stages of developing a PCR test for C. auris.
 - This patient was in the ventilation unit. Outside of C. auris, ventilation units are a prime place for MDRO spread.
 - Becky shared that Utah currently does not have a definition for what constitutes an endemic MDRO. This is needed for the new CDC outbreak response tiers (these are not yet released, do not discuss outside of this group).
 - Region will be the state of Utah
 - Since we do not yet have a definition for endemic, it will be shared with the group once developed. The endemic definition will be data-driven.
 - Tier 4 of the CDC's tool will be organisms that are endemic to a region and targeted by public health. We will likely identify organisms as we create this endemic definition
- Brief non-MDRO updates were shared about emerging infections
 - COVID-19 seems to have recently plateaued in Utah.
 - DHHS is in the process of discontinuing investigations in LTCFs, related to steady-state efforts
 - The public health emergency for Mpox is set to end

- As of Dec 19th, we have been notified of a total of
- For future meetings, we would appreciate recommendations for educational speakers or individuals who can speak on hot topics.
- Dr. Mayer suggested hearing from individuals in LTC and the implementation of advanced barrier precautions. Dr. Dascomb seconded interest in this topic.

Convene

Next Meeting Discussion/Questions

- If you haven't filled out the survey Becky sent out, please do so.

Next Meeting: March

In-meeting messages

Rebekah Ess (DHHS) 3:02 PM

<https://forms.gle/CcVE5ansGxYhC7nz5>

Lisa Evans 3:06 PM

Will the virtual option be available no matter where it is held?

Rebekah Ess (DHHS) 3:06 PM

<https://forms.gle/CcVE5ansGxYhC7nz5>

Jeanmarie Mayer 3:06 PM

yes Lisa - hard to hear if most are in person, and was one reason not to do at the capitol

Lisa Evans 3:07 PM

thanks that will be how I will be attending

Rebekah Ess (DHHS) 3:14 PM

Thank you Alessandro!

Rebekah Ess (DHHS) 3:17 PM

I'd be happy to add Jim

Mark Fisher 3:22 PM

Mission: replace "reducing and preventing" with "minimizing"

Louise Saw 3:27 PM

I like community

Mark Fisher 3:27 PM

Vision: I'm not a big fan of "do away with" - use "eliminate" again?

Sara Phillips 3:27 PM

I like community

Rhonda Hensley3:28 PM
how about eradicate?

Angela Weil (DHHS)3:28 PM
what about 'stop inappropriate antimicrobial use'

Alessandro Rossi (DHHS)3:30 PM
Sorry I have to leave early for a conflicting meeting. Happy Holidays, everybody!

Jeanmarie Mayer3:33 PM
comment about communication at transfer

Alessia Banning3:37 PM
Totally agree with Cherie

Kris Dascomb3:41 PM
What is the timeframe surrounding this cluster?

Jeffery Rogers (DHHS)3:42 PM
the most recent case was in Nov.

Jeanmarie Mayer3:42 PM
is there improvement in the submission of CRPA to UPHL for CP testing?

Jeanmarie Mayer3:45 PM
did that count as a case for us, if it was identified in another state?

Ashley Miller3:47 PM
Are we worried only with Nevada? I thought there were 8 states of concern.

Linda Rider (DHHS)3:48 PM
The patient did test positive in UT

Joshua Mongillo (DHHS)3:49 PM
<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

Louise Saw3:50 PM
In Monkey pox we had a California resident traveling through Utah that tested when they passed through Central Utah. That case will only show up as a California case because they were still a resident of California and didn't stay in Utah. So I think that definition is different

Jeanmarie Mayer3:51 PM
question re: NV - is it mostly southern NV/Vegas, or are they seeing in Northern NV?

Ashley Miller3:51 PM
Thanks Joshua. I just wanted to check that I have everything straight.

Rhonda Hensley3:51 PM

C. auris culture screening validation is in progress and ordering will only be available to University Hospital

Ashley Miller3:52 PM

Good to know. Thanks Rhonda :)

Rhonda Hensley3:52 PM

A PCR test is being evaluated and may be available to a wider client base

Rebekah Ess (DHHS)3:53 PM

Becky Ess, HAI epidemiologist, DHHS

Joshua Mongillo (DHHS)3:53 PM

my email is jmongillo@utah.gov

HAI Inbox: hai@utah.gov

Matt Hansen3:53 PM

Matt Hansen, Executive Director

Homecare & Hospice Association of Utah

Rhonda Hensley3:53 PM

Rhonda Hensley, Manager ID labs, ARUP

Tara Ford (DHHS)3:53 PM

Tara Ford, HAI epidemiologist, DHHS

Ashley Young (DHHS)3:53 PM

Ashley Young, HAI Epidemiologist, DHHS

Alessia Banning3:53 PM

Alessia Banning, Director of Quality, UU Health

Joshua Mongillo (DHHS)3:53 PM

Josh Mongillo, Deputy Epidemiologist, HAI DHHS

Kris Dascomb3:53 PM

Kristin Dascomb, MD,, PhD System Medical Director Infection Prevention and Employee Health Intermountain Healthcare

Sara Phillips3:53 PM

Sara Phillips, Senior Improvement Advisor, Comagine Health

Louise Saw3:54 PM

Louise Saw, Epidemiology and Laboratory Coordinator (HAI Epi) for Central Utah Public Health Department

Jeanmarie Mayer3:54 PM

and regarding c auris screening - there is additional surveillance when yeast are isolated and speciated from select clinical cultures,

Giulia De Vettori (DHHS)3:54 PM

Giulia De Vettori, HAI Epidemiologist, DHHS

Ashley Miller3:54 PM

Ashley Miller, Infection Preventionist, U of U Health

Tariq Mosleh (DHHS)3:54 PM

Tariq Mosleh PharmD, PhD , HAI/AR Stewardship Pharmacist , DHHS

April Clements (DHHS)3:54 PM

April Clements, HAI, DHHS

Lisa Evans3:54 PM

Lisa Evans, Infection Preventionist @ UBMC Roosevelt UT.

Amy Glidden3:54 PM

Amy Glidden, RN, Clinical Resource Nurse (LTCFs) Sunstone Ensign Health Services Affiliate

Cherie Frame3:55 PM

Cherie Frame Intermountain Healthcare Infection Prevention System Director

Cherie.frame@imail.org

Louise Saw3:55 PM

Oh and my new CIC credentials in addition to my MPH possibly the most recent CIC ;) Louise Saw, MPH CIC

Angela Weil (DHHS)3:55 PM

Angela Weil, HAI Clinical Coordinator/DHHS

Emily Spivak3:55 PM

Emily Spivak, MD, Medical Director of Antimicrobial Stewardship for UofU and VA

April Clements (DHHS)3:55 PM

Congratulations Louise! Love to see new CIC credentials

Mark Fisher3:55 PM

Mark Fisher, Assoc. Professor of Pathology, U. Utah SOM; Medical Director of Bacteriology and Special Microbiology, ARUP Laboratories.

Hailey Schuckel3:56 PM

Hailey Schuckel (MS/MPH, CIC), Director Infection Prevention, Ogden Regional Medical Center, HCA Healthcare

Linda Rider (DHHS)3:56 PM

Linda Rider, RN, CIC, IP - DHHS

Courtney Brigance (DHHS)3:56 PM

Courtney Brigance, HAI/AR, RN Infection Preventionist, DHHS

Devin Beard (DHHS)3:56 PM

Devin Beard, HAI/AR Epidemiologist, DHHS

Louise Saw3:57 PM

Thanks @ April! Now that the exam is over I need to learn from all of this groups memebers!

Jeanmarie Mayer3:59 PM

even if we get a low risk ebola PUI with symptoms, will still be challenging!

Kris Dascomb3:59 PM

yes!

Sandra Forsyth4:00 PM

Sandra Hanson, RN, MPH, CIC - Current APIC Utah President, (also- System Infection Preventionist for Intermountain Healthcare)

Ashley Miller4:01 PM

This was great, thank you everyone!

Tariq Mosleh (DHHS)4:01 PM

Thank you All